DATE: November 22, 2004

TO: Citizens of Wisconsin

F**ROM**:   Margie Welsh, Community Emergency Response Team (CERT) Training Coordinator

SUBJECT: **Course Recruitment: CERT**

The Wisconsin Division of Emergency Management will be sponsoring numerous Community Emergency Response Team (CERT) training courses throughout 2005 in various locations throughout the state of Wisconsin. The CERT course is approximately 2 1/2 days in length. The majority of the classes will begin on Friday evening and end on Sunday afternoon. However, upon request and with sufficient interest, the course may be offered at other times. Dress is casual. Please see the enclosed registration forms following this memo for specific dates.

Participants will learn basic disaster preparedness skills and take part in hands-on exercises in disaster response situations. CERT training covers disaster preparedness, fire safety, basic disaster medical operations, light search and rescue, disaster psychology, terrorism, and team operations. Upon completion of the course, CERT members can assist others in their neighborhood or workplace following an event and can take a more active role in preparing their community. The primary reason for CERT training is to provide citizens with the skills to take care of themselves, their families, and their neighbors following a disaster, until first responders can arrive.

The CERT concept was initially developed by the Los Angeles Fire Department to provide the citizens of Los Angeles with basic training in disaster survival and rescue skills in the event of an earthquake. The training program proved to be so beneficial that the Federal Emergency Management Agency (FEMA) adopted the program and expanded the CERT materials to make them applicable to all hazards.

Wisconsin Emergency Management (WEM) will pay the cost of the training and materials. **WEM will make reservations** and pay for the lodging for participants who travel 50 or more miles one way, and do not desire to commute. However, costs for travel, meals and any other incidentals associated with your stay will be your responsibility. Additional administrative information will be provided in letters of confirmation to be sent when the course roster is finalized.

Please duplicate the enclosed registration form as necessary, and return the completed registration form by mail at the above address or by fax at (608) 242-3249 to Margie Welsh no later than **30 days before the start of the course**.

Thank you for helping us bring Community Emergency Response Team (CERT) training to your community. If you have questions, or need further information, please contact Margie Welsh at 608-242-3222, or margiew@dma.state,wi.us

Encl: Registration form

cc: WEM Management Staff
         Regional offices
         Lisa Olson-McDonald

COMMUNITY EMERGENCY RESPONSE TEAM (CERT)
March 4-6, 2005
BLACK RIVER FALLS, WI (Jackson County)

Please complete the information below and FAX it to Margie Welsh at 608-242-3249 by February 4, 2005 .
(*Reproduce this sheet locally for additional people.*)

Please Print Clearly

NAME_____SIGNATURE_____

TITLE _____AGENCY_____

SOCIAL SECURITY NUMBER_____

(must provide for registration)

HOME ADDRESS_____

CITY: _____ZIP_____COUNTY_____

WORK PHONE # _____FAX #: _____E-MAIL_____

> *State Privacy Provision Authorization: Wisc Stats 166.03 and E.O. 9397.*
> *Disclosure: Disclosure of personal information is voluntary; however,*
> *nondisclosure may result in delay in processing your application. Secondary*
> *Purpose: In accordance with Wisconsin Privacy Provision 15.04(m) Wisc*
> *Stats, the personal information you provide may be used for purposes other*
> *than for which it was collected.*

LODGING INFORMATION

_____**I live within 50 Miles, and do not need a room.**

_____**I live over 50 miles away; please reserve a room on the following night(s):**

(PLEASE CIRCLE THE NIGHTS THAT YOU NEED A ROOM)

FRIDAY, MARCH 4, 2005

SATURDAY, MARCH 5, 2005

Do you require a smoking room: _____ Yes   _____ No

Do you require any special accommodations for a physical disability? _____ Yes   _____ No